

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09,98,301,2</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2							52		1				
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20	1						70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27	X						77						
28							78						
29							79						
30	X						80						
31	X						81						
32	X						82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		X					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44	1						94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49	1						99						
50		1					100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	39						TOTAL DEP.	2					
TOTAL CLAIMS	43						TOTAL CLAIMS	2					

43
43